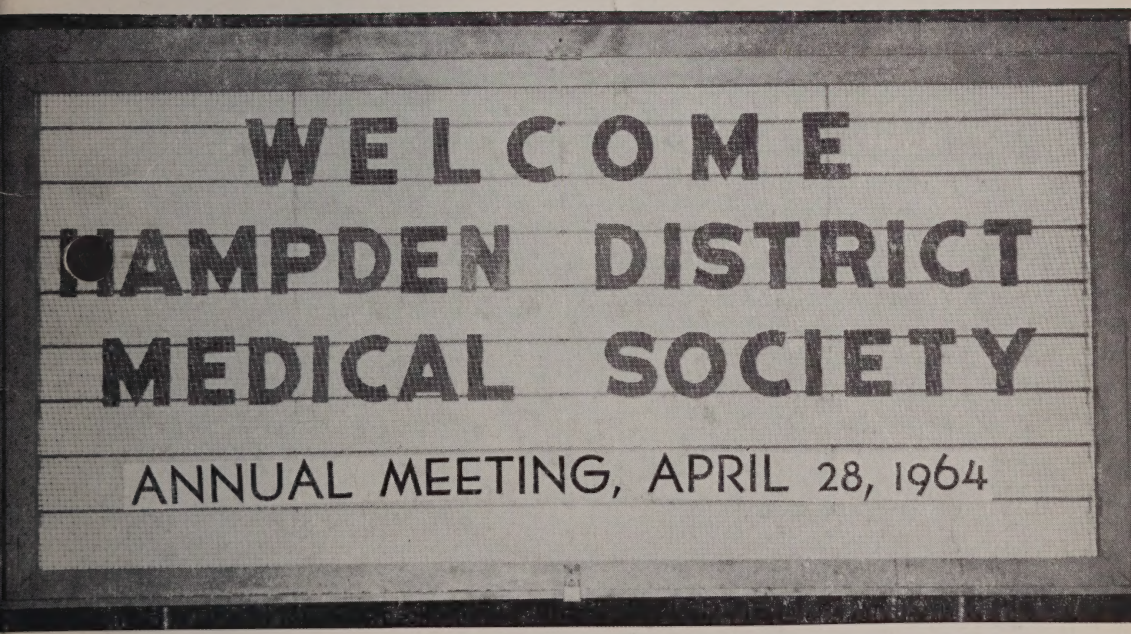
The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XX APRIL, 1964 NO. 4



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ANNUAL REPORTS

Hampden District Medical Society

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The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

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THE HAMPDEN HIPPOCRAT, APRIL, 1964

EDITORIALS

ANOTHER BANNER YEAR

The current Hippocrat, as is customary for the April issue, carries the annual informational reports of our officers and committee chairmen. Reports bearing recommendations will be presented at the Annual Meeting. These reports are well deserving of our attention and consideration. They not only summarize concisely Hampden's activities during the past twelve months, but also reflect vividly a job well done by a large number of devoted and conscientious workers. Most of all they focus attention on some of the more pressing problems confronting our Society today, and suggest ways and means of tackling them as promptly and as expeditiously as possible.

It is tempting to choose, or to try and choose, the most noteworthy achievement of the Society's 1963-64 busy season. Was it the visit of Dr. Annis, which the Society co-sponsored last spring? Was it the polio program of the Public Health Committee? Was it Dr. Johnson's testimonial dinner? Was it the Medico-Press conferences of the Public Relations Committee? Was it the Blue Shield Committee's Questionnaire (Page 7)? Was it "Operation Hometown" or was it Dr. Soutter's address at the February Meeting?

ANNUAL MEETING, APRIL 28 (See Page 13).

Similar questions could be applied to a number of other activities, such as those of the Auxiliary and of the Legislative, Medico-Religious, Mental Health, Medico-Legal, and Insurance committees.

Since each of these activities is outstanding on its own merits, it follows that the selection among them of one single top event is well nigh impossible. What follows also is that combined they add up to yet another banner year of buzzing activity for the HDMS.

M.M.

DOES A SNOWBALL GET STRONGER AS IT ROLLS?

Pressure groups, politics, propaganda, biased reports in great profusion, they've jaded us all!

More power, then, to the succinct, factual item which we stumble across occasionally in our reading. It throws much light on a murky matter, yet only takes a few moments to read.

An excellent example appeared recently in the NEJM (Jan. 23, 1964), an editorial entitled "The Price Tag on Security."

The steady increase in the costs of social security is listed step by step, from the 2% total tax on employer and employee in 1937 to the 9¼% tax already legislated for 1968. Simply stated, also, are the added benefits for increasing segments of our people at younger and younger ages. This is all fact - history - simply presented for ready reference.

But the editorial also explains how under the proposed King-Anderson Bill, to this rapidly rising tax will be added another ½% tax to 7¾% of base wages paid in 1965 and 9¾% in 1968. The editorial reminds us of the admission last November by our government's chief social security actuary. Robert J. Myers, no less, in testimony on the Bill that this proposed increase will be almost 100% too small to carry the costs of the Bill!

Since hospitals are employers, despite their non-profit personality, a typical hospital with 250 employees now pays roughly $43,500 in social security taxes every year. Under present schedules this hospital will pay $55,500 in social security taxes in 1968. But if the King-Anderson Bill should pass, it would pay about $63,375 in taxes in 1968.

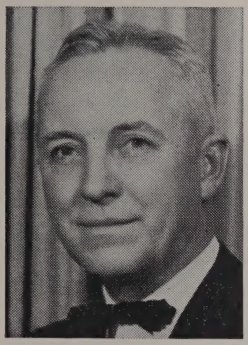
Thus the "slight increase" in social security taxes becomes a formidable cause for further rise in the cost of hospital care - unpopular though this is already. In similar fashion industrial and business employers will be pushed into raising prices by the millions of dollars across the land.

Add to this the already documented past and inevitable future expansion of basic social security benefits. Pour on top of this the constant future demand for more and more benefits under the King-Anderson program. The result will probably be an inexorable snowballing of taxes, rolling faster and faster toward destruction of the very program itself.

The sheer weight of its own costs has destroyed many a social benefit program in other nations, and we must realize that it can ruin ours. In the long run a little social security is stronger than too much of it.

D. W. W.

President's Page



The Changing of The Guard

With this issue of the Hippocrat the changing of the presidential guard, as it were, occurs. While saying "so long" I wish at the same time to say "hello and welcome" to the keeper of this page for the next year, Dr. Theodore Miner, President-elect.

As with so many long established organizations it is difficult to see what, if any, imprint has occurred during the course of a single year. On looking back upon it, the one thing that strikes me most is the dedication and zeal displayed by so many members of our District Society. Almost without exception your elected and appointed representatives have given of their time, talents, and experience in a most selfless manner.

The privilege and pleasure of working with these individuals has been an experience I shall long cherish. At no time have I found their motivation to be other than to be of service to you, the members of the Society.

To single out individual members in your governing body who have been outstanding would not be difficult, still we might overlook those who, quietly but efficiently, have worked in the pursuit of the aims of our Society. To all I express a sincere "well done" and "thank you" in the name of the Hampden District Medical Society.

In closing, may I make particular mention of our energetic and efficient Executive Secretary, Mrs. Vivian Purdy. To all who have had the privilege of working with her, Mrs. Purdy's exemplary qualities are self evident. To those who have not had this privilege we can state that our District Society is extremely fortunate and blessed to have one so dedicated in its service.

Martin B. Murray, M.D.

MARCH EXECUTIVE COMMITTEE MEETING (Highlights)

Meeting called to order at 8:15 P. M. by President Murray. Present also were Drs. Miner, Williams, Suzor, Griffin, Memery Bandeian, Byrnes, and Turner. The minutes of the February meeting were read and approved.

Letters that were read were from Mass. Society of Prevention of Cruelty to Children (see page 22), and from Dr. Solomon on Mental Health study in this area.

Dr. Elizabeth Cherry is moving to Connecticut and therefore sent in her resignation from the Society. This was accepted with regret. Dr. Warren Platt has resigned from the Executive Committee and President Murray has appointed Dr. Edwin Mahoney, Holyoke, to fill this position until 1966. This was approved by the Exec. Committee.

Dr. Brynes and Miss Adams gave a report of the polio program. A large mailing will be going out to schools, industry, etc. this week.

A very complete analysis of the Blue Shield Questionnaire from Dr. Nero was read and approved. All Annual reports that have been received were read and approved.

The committee, on the recommendation of Dr. Miner, decided to dissolve three special committees that have not been functioning of late: Medical Advisory Committee, the Hospital and Health Agencies Committee, and the Rehabilitation Committee. This was approved.

One grievance was heard and appropriate letters will be sent to both doctor and patient.

Meeting adjourned at 10:30 P.M.

H. N. Memery, M.D.
Secretary

EXECUTIVE COMMITTEE (Annual Report, 1964)

The Executive Committee met monthly during the year and a summary of each meeting was published in the Hampden Hippocrat. An important function of this committee is to serve as the Grievance Committee.

Eighteen grievances were heard during the year and the committee, on occasion, has found itself in the unenviable position of being unable to satisfy either party to the complaint. The public claiming "whitewash" and the physician claiming the committee is not protecting his interests properly. Obviously it would take a Solomon to satisfy both parties in some cases. Differences which cannot be settled satisfactorily are referred to the state Ethics and Discipline Committee, this being necessary in only one instance during the past year.

Only six cases involved fee complaints, the other twelve cases involved a wide range of complaints including unprofessional conduct, health agencies, emergency medical coverage, refusal to accept patients, and lawyers' complaints.

The Grievance Committee serves as an important public relations medium as it gives the patient and his family access to a group of physicians truly interested in protecting his interests, and secondly protecting the unjustly accused physician.

Harry N. Memery, M.D.
Secretary

COMPLIMENTS

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A QUOTE OF NOTE

"The heart of medical organization is the county medical society. It is here that medical service programs rise or fall, membership in organized medicine increases or decreases, and public opinion is gained or lost. Therefore, the activities sponsored and promoted by county societies are most important to all concerned — physicians, the public, community health organizations, and medical associations."

Elmer Hess, M.D.
Past President, AMA

REHABILITATION COMMITTEE
(Annual Report, 1964)

Inasmuch as no business was brought before this committee, no meetings were held.

W. William Byrnes, M.D.
Chairman

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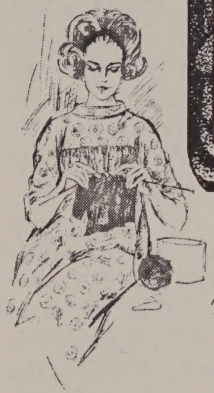

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COMMITTEE ON BLUE SHIELD PROFESSIONAL SERVICE
(Annual Report, 1964)

Doctor—Patient—Blue Shield grievances were at an all time low.

In February, 1964 a questionnaire with 8 questions was sent out to each HDMS member. This gave each of us a chance to appraise Blue Shield, including an opportunity to offer suggestions on how Blue Shield might be improved. A copy of our analysis, including suggestions offered, was sent to the Executive Committee and to the editor of the Hippocrat. The analysis will be presented at the next district meeting. (See page 13).

During this past year there were no meetings of your committee in Boston, however, on March 18, 1964 there was a tri-county meeting of Blue Shield Committees held in Springfield. Present were Dr. Charles Hayden, the Executive Director of Blue Shield, Mr. Reed, Assistant Executive Director and Messrs. Brown, White, and O'Kane. Considerable discussion was devoted to the Fee Schedule. As you well know the bid for a higher fee schedule was twice turned down by the Supreme Court. In a nutshell the reasons were twofold: 1) Ease of Blue Shield Fee Collection, 2) Increased utilization.

Presently, Blue Shield, through the Central Professional Fee Committee, is undertaking to compile a schedule of "prevailing fees". This is required to show that our fees are inadequate. Should this schedule be equal to or be less than the proposed unit then the commissioner may see fit to approve the filing of the twice turned down fee schedule. Studies currently in progress by the Legislative Study Commission and the National Pilot Survey may aid in establishing the acceptable "prevailing fees".

Dr. Hayden mentioned that the report of the Legislative Committee would be released March 31, 1964.

Mr. Reed stated that a monthly Blue Shield News-Letter woud be sent to all Participating Physicians. Also, that a separate department was being set up in Boston to handle problem cases. This would expedite payment in cases which are not straightforward. In the future membership cards of subscribing members would indicate the bearer to be Plan A or Plan B.

In answer to many questions by physicians present at this meeting we were informed that consideration was being given to: 1) Discontinuing the current practice of deducting the surgical assistant's fee from the surgeon's fee. 2) More coverage for outpatient lab work. 3) Consultations. 4) More coverage for multiple operations during one hospitalization. 5) Better coverage for internists.

Walter J. J. Nero, M.D.
Chairman

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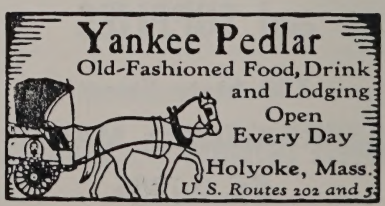

ANALYSIS OF HDMS BLUE SHIELD QUESTIONNAIRE

Within the recent past it has become increasingly apparent that legislature is desirous of playing a greater role in medicine. One manifestation of this is the study being conducted by a special State Committee regarding Blue Shield. A large percentage of our State Society received questionnaires from this Committee, with many of the questions aimed at fees and, indirectly, our incomes. . . .

Since legislature has seen fit to scrutinize "Our Insurance", your local Blue Shield Committee thought that now would be a most appropriate time for re-evaluation. Pertinent questions were mimeographed and mailed to each member of the Hampden District Society. The response was most gratifying, i.e., 225 in number. The results of this survey are as follows:

Question 1: On the whole, are you satisfied with the Blue Shield?

68% of those answering were satisfied with Blue Shield.

Question 2: If answer to #1 is no, is it mainly because of inadequate fees?

Of the 32% who were not satisfied with Blue Shield over 80% were dissatisfied because of a fee schedule which obviously has needed upward revision.

Question 3: What other reasons for dissatisfaction?

Of those who were dissatisfied with Blue Shield over and above inadequate fees, reasons for same were not always apparent.

Question 4: Do you think Blue Shield should provide insurance for "under income groups" only?

The response to this question was overwhelmingly NO - 90%.

Question 5 & 6: Do you think Plan A should be abolished?

One third of the Doctors answering this question felt Plan A should be abolished, but when given the choice of treating this same patient as a Ward Case, however. 40% of this group chose to retain Plan A.

Question 7: Do you feel you are sufficiently informed regarding what goes on in Blue Shield in Boston?

About 70% of the 225 Doctors answering this question felt that they were not sufficiently informed on what goes on in Blue Shield in Boston. Interestingly, almost 10% of this group indicated that part of this lack of information was attributable to themselves, i.e., perhaps not reading the literature that emanates from Blue Shield.

Question 8: What improvements would you suggest for Blue Shield?

At least 90% of those answering this questionnaire made suggestions. Many of the suggestions elaborated on changes as seemed to pertain to their individual specialties. Some answers were long and very

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obviously carefully thought out. Those suggestions which were repetitive and also those which in the opinion of the Committee seemed to have merit are enumerated below.

1) That greater effort be exercised to raise the Blue Shield fee schedule as planned. Internists would appreciate a more realistic remuneration for services performed.

2) That a separate fee schedule be instituted for surgical assistance fees. The present method of fee splitting should be recognized for what it is - an unsavory, unethical practice.

3) That provisions for after care be scuttled. The necessity for this is now obsolete.

4) That annual or semi-annual meetings at district society level be held as a question-answer session with representatives from Blue Shield.

5) That some provisions be made for diagnostic laboratory work-up patients on an outpatient basis with either a percentage or a deductible coverage. This might even save the Plan some money by obviating unnecessary hospitalization.

6) That subscribers be better informed of the content of their policies and that they know exactly what their policies do and do not cover.

7) That constant attention be given to better public relations.

8) That some method be devised which would more easily delineate the income status of a subscriber. This might spare both Doctor and patient embarrassment later.

9) That Blue Cross and Blue Shield be dissociated premium wise, in the eyes of the public. Separate rate payments at different times might give the subscriber a better image of what he is paying for.

10) That the problem of consultatation be reviewed.

11) That quarterly meetings of Blue Shield District Chairmen be resumed with an eye to keeping their respective districts better informed.

12) That consideration be given to full fee coverage of multiple operations during one hospitalization. The same effort and skill are required in the left inguinal hernia repair as in the right when booked as a bilateral hernia repair. This, too, may be a money-saver for Blue Shield.

13) That more attention be given to the discipline of doctors who misuse Blue Shield.

Your Committee thinks that a careful concise abstract of Blue Shield literature (as it is received) might be published in the Hippocrat. This might

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help to keep the busy Doctor better posted (provided he saves some time to read the Hippocrat). We are very anxious to reduce the staggering 70% figure of uninformed Doctors. The Committee suggests that a copy of this report be forwarded to the Central Professional Blue Shield Committee in Boston.

It is not anticipated that this report will lead to any world-shaking changes in Blue Shield. It should, however, serve as a strong reminder that we, the physicians comprising the Hampden District Medical Society, are indeed very interested in "Our Insurance"; would like to know at all times what is in the offing; and above all would like to feel that we still have some say in its direction and management.

Walter J. J. Nero, M.D., Chairman
Blue Shield District
Professional Service Committee

MEDICAL ADVISORY COMMITTEE
(Annual Report, 1964)

This year again no medical recruitment problems presented themselves. Because of this no meetings were held, and no action was otherwise taken.

Noah N. Feldman, M.D.
Chairman

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MENTAL HEALTH COMMITTEE
(Annual Report, 1964)

The Hampden District Mental Health Committee has been chiefly concerned with the proposed comprehensive Mental Health Center in Springfield.

Committees on location, physical plant, administrative, policy and procedure, and integration of related facilities, exist.

Members of our committee, other Society members and special appointees, are representing the Society in the planning program.

Similarly, many members of our Society are on task forces for State planning on mental health.

This project, in which the Massachusetts Department of Mental Health and the Massachusetts Medical Society are collaborating, includes present and long range objectives for improved mental health care of the citizens of the Commonwealth.

The members of this Committee are to be complimented on their interest in committee work on District, State and local levels.

At a later issue of the Hippocrat. it is hoped, will present The Mental Health Story in Massachusetts as a whole and in Hampden in particular.

Jerome A. Whitney, M.D.,
Chairman

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DISASTER MEDICAL CARE COMMITTEE
(Annual Report, 1964)

The past year was one in which disaster planning tumbled from the list of high-priority items in the Hampden District. There were no international crises or close-to-home disasters to incite new action or even merely to sustain interest on the local scene.

The last meeting of the Disaster Medical Care Committee was held on September 12, 1963, at the Society office. This was to have been a meeting to discuss and formulate plans for a disaster exercise in the Springfield area. Because of poor attendance, the subject was discussed just briefly and abandoned. This, following a disappointing turnout at a previous meeting with representatives from the U.S.A.F. Hospital, Westover Field, rang down the curtain.

It is the sincere hope of the retiring Chairman that, before the untested medical facilities of this community are unexpectedly confronted with the frenzy of a real disaster, a disaster exercise coordinating the efforts of regional hospitals will be organized and successfully implemented. To the next Chairman and his Committee we say:

"To you from failing hands we throw
The torch; be yours to hold it high."

Kenneth L. McEwen, M.D.
Chairman

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MEDICO-RELIGIOUS COMMITTEE
(Annual Report, 1964)

During the past year the Medico-Religious Committee has met every month except during the months of July, August, and September in a spirit of fellowship and co-operation. The membership has consisted of physicians and clergymen of the major denominations in the area. The subject matter under discussion varied from meeting to meeting but always the theme centered around the idea of treating the whole patient, both from the physician's point of view and from the clergymen's point of view. Among some of the subjects discussed were methods of notifying the clergy of the presence of a patient in a given hospital, the method of the clergy's approach to the patient in various states of health, and methods of communication between the physician and the clergy. Such problems as the psychological approach of the reasonable well patient, the problems of spiritual manifestation of the concept of guilt, the morality of protracted treatment in the cases of terminally ill patients, and more recently, on the problem of advising the terminally ill patient and his family. The meetings were always on a congenial basis and the discussions very frequently went into considerable depth of the problems at hand.

We have planned to culminate the fiscal year 1963-1964 with a panel discussion on the problem of "Advising the Terminally Ill Patient and His Family" at a special meeting of the Hampden District Medical Society, to which the Clergy of the members of the Society are to be invited.

At our last meeting on March 16, 1964, I asked the members of the Committee what they thought of the Medical-Religious Committee. It was the unanimous opinion that each one enjoyed the meetings and expressed the hope to continue in this manner. It is felt that we have only scratched the surface in the doctor-clergy relationship.

John J. Bandeian, M.D.
Chairman

AVOID CONFLICTING MEETINGS

The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 19, 20 and 21. To encourage attendance, members of our District Society are urged to cancel hospital conferences, and avoid scheduling all other meetings during the three-day period of the State Meeting.

ANNUAL REPORT OF THE SECRETARY
1963 - 1964

The Hampden District Medical Society has a membership of **501**: active fellows, **440**; senior fellows, **61.** During the past year **10** physicians have joined the society, and **3** fellows have been transferred from other districts to Hampden. On the debit side, **4** fellows have transferred to other districts and other state societies, and **5** physicians have died.

Three regular meetings and an annual meeting have been held with an average attendance of **180.**

Whenever practicable the business portion will precede the dinner at regular meetings in an effort to improve the format and maintain a high level of interest in the district meetings.

Again, I wish to express my appreciation to Mrs. Vivian M. Purdy, Executive Secretary, for her tireless devotion to duty and her unending enthusiasm on our behalf.

Harry N. Memery, M.D.
Secretary

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"Those who expect to reap the blessings of freedom must undergo the fatigues of supporting it."

—Thomas Paine

HAMPDEN CAPSULES

All Dues for 1963-64 have been paid in full by the entire membership.

Dr. Morris Fishbein delivered the main address at the launching of the Building Fund drive of the Holyoke Hospital.

Mrs. Purdy has fully recovered and is back on the job with plenty to do, what with the polio program and the annual meeting coming up.

Dr. Seth Lewis is being honored by the Woman's Auxiliary for his 50 years in the practice of medicine. He is now living with his daughter in Rumsford, N. J.

WACE has a five minute tape on cancer running, with the following physicians participating: Drs. Pace, Hopkins, Post, Allen and Adham.

Dr. E. M. Mahoney was appointed recently a member of the Executive Committee to complete the unexpired term of Dr. W. D. Platt, resigned.

Beginning with this issue the Hippocrat will be delivered to your home instead of office address as in the past.

Removal of office: Dr. Mustafa Adham to 780 Chestnut St., Springfield.

The 9th Cardiac Symposium for physicians sponsored by the Massachusetts Heart Association, Western Chapter, will be given on May 6th.

A Pediatric Genitourinary Symposium will be presented at the Springfield Hospital on Wednesday, May 27, 9:30 A.M. to 5 P.M.

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The Annual Meeting of The Hampden District Medical Society

TIME: Tuesday, April 28
Social Hour 6 p.m.
Dinner (Courtesy of Society)
7 p.m.

PLACE: Shaker Farms Country Club
Westfield, Mass.

AGENDA: Annual Reports of
Officers and Committees
Election of Officers

YOUR PRESENCE IS URGENTLY REQUESTED

Harry N. Memery,
Secretary

HEALTH AND ACCIDENT INSURANCE COMMITTEE

(Annual Report, 1964)

The Group Health and Accident Insurance program with the Hartford Accident and Indemnity Company administered by the Lessere-Wertheim, Inc., has been functioning well in its first two years, and the committee recommends that this plan be continued. Over 300 members are insured with the plan, representing about 70 per cent participation. The experience with the plan from the standpoint of the insurance company has been so favorable that we may well obtain extension of benefits without extra cost after a third year review. More immediately available will be an increase in benefits for death, loss of limb, and sight loss to $25,000 for an additional premium of $10.00 annually. Members will be billed for this $10.00 with the next premium renewal, but this additional coverage is optional, and the increased coverage will be given to those making the payment. Furthermore, each physician will be given the further option of increasing this benefit further and/or including his wife at the same low rate. Since this plan is a Major Medical Plan with a $500.00 deductible clause, the committee recommends that members retain basic hospitalization insurance, such as Blue Cross, or a corresponding plan with a private company.

Recognizing the fact that physicians incapacitated because of illness still have office expenses continuing, the committee has investigated insurance to cover office overhead expenses. Such a plan has been worked out with the Lessere-Wertheim, Inc., and members will soon receive information on this plan. Such insurance is less costly than obtaining more health and accident insurance, and, furthermore, the premiums on such insurance are tax deductible. This insurance covers office overhead, such as rent, salaries, utilities, etc. However, while these benefits would be considered as taxable income, the expense for which the benefits are used are tax deductible. The committee recommends that this insurance be used to supplement, but not replace the existing health and accident insurance program.

Also under consideration is a Group Life Insurance program. It is hoped to have such a plan ready for presentation to the Society this fall.

H. Bernard Tillman, M.D.
Chairman

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COMMITTEE ON INSURANCE LABOR RELATIONS and INDUSTRIAL ACCIDENTS
(Annual Report, 1964)

During the year, 1963-64, the Committee has undertaken a revision of the Relative Value Fee Schedule in order to bring it up to date. In many of the specialties and sub-specialties the revisions required have been minimal or none at all, and this work is complete. Some of the broader specialties required more extensive revision which is still going on but which should be completed within the next month or two.

During the past year, the Committee has been confronted with what it considered a serious problem in the field of group insurance. One of the large group insurance plans in nearby Connecticut, covering many people in the Springfield area, refuses to honor authorizations for direct payment to physicians for services rendered. The committee has strongly felt that the patient's right to authorize direct payment to his doctor should not be denied. They have presented these views strongly in writing, both to the United Aircraft and to Connecticut General, the administrator of the plan. We have offered our assistance to the Hartford Medical Society, which is also protesting this situation. We have already met formally with representatives of Connecticut General Insurance Company and have invited representatives of United Aircraft to meet with us. All of the results to date have been disappointing but the committee shall continue to pursue its line of action.

Cyril E. Shea, Jr., M.D.
Chairman

COMMITTEE ON MALPRACTICE AND MEDICO-LEGAL AFFAIRS
(Annual Report, 1964)

The Committee met through the year jointly with its counterpart from the District Bar Association and maintained the congenial relationship previously established with the Bar.

Only one complaint from a member of the District Society was received during the year, and this was subsequently withdrawn.

No questions referable to malpractice or other medico-legal problems were raised from the membership.

It was the feeling of the Committee that another joint meeting with the Bar Association would be beneficial to both groups, and plans are underway for a May meeting with the topic "The Patient-Physician Relationship — Its Medico-Legal Aspects."

Leon M. Kruger, M.D.
Chairman

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YOUR COMMITTEE OF CHOICE

(Final Reminder)

For the third time in as many years you are invited to name the committee on which you would prefer to serve.

In order to insure the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preference on a piece of paper, sign it and forward it to Dr. Harry Memery, Secretary, Hampden District Medical Society, 1414 State Street, Springfield. In so doing you will be rendering a distinct service to your Society and its officers, who will give your expressed preference their most serious consideration. This, needless to say, applies only to committees apoointed by the president.

Theodore R. Miner, M.D.,
President-elect

COMING EVENTS

HAMPDEN DISTRICT ANNUAL MEETING, APRIL 28 (Page 13)

EXECUTIVE COMMITTEE MEETINGS, APRIL 21 and MAY 26

CENSORS MEETING, MAY 7

SPRINGFIELD ACADEMY OF MEDICINE, MAY 12

A.M.A. CONGRESS ON ENVIRONMENTAL HEALTH PROBLEMS, MAY 1 - 2, CHICAGO, ILL.

M.M.S. ANNUAL MEETING, MAY 19, 20 and 21 (Page 10)

A.M.A. ANNUAL MEETING, SAN FRANCISCO, CAL., JUNE 21 - 25

INTERNATIONAL DIABETES FEDERATION, TORONTO, JULY 20 - 24

A.M.A. CLINICAL MEETING, MIAMI BEACH, NOV. 29 - DEC. 2

POLIO CLINICS ARE HELD

An estimated 125,000 people visited 35 polio immunization clinics throughout Hampden district on Sunday, April 5, to get the first of two "drinks" of the new TRIVALENT Vaccine. The second clinic will be held on June 7th. These clinics are sponsored by the HDMS and are supervised by its Public Health Committee under the chairmanship of Dr. Norman Pokorny.

Dr. Pokorny expressed gratitude to the Woman's Auxiliary, the physicians, druggists, nurses and others who helped staff the clinics. He thanked especially the various news media for their assistance and cooperation.

Dr. F. Randolph Philbrook of the State Department of Public Health expressed great satisfaction with this, the first large-scale clinic to use TRIVALENT Vaccine.

A more complete report will be carried in the May issue of the Hippocrat.

LEGISLATIVE COMMITTEE
(Annual Report, 1964)

Regular legislative meetings have been attended in Boston. All legislature has been published in the Hippocrat.

Your cooperation is requested when asked to write to legislators at any time.

Robert Emery, M.D.
Chairman

ANNUAL MEETING, APRIL 28
(See Page 13)

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PHYSICIANS-DRUGGIST RELATIONS

A joint meeting of representatives of the local druggists' society and the HDMS Public Relations Committee, was held recently at the Oaks Inn to discuss mutual problems. Mr. Bernard Greenberg of the Druggists' Association discussed the interrelation of the two respective state societies and revealed their program of cooperation in matters of public health, and in their efforts to influence federal and state legislation regarding medical problems.

Locally there have been two problems about prescriptions for welfare patients: 1 - Delay in payment, ascribed to lack of help in the local welfare office, and 2 - Renewal of welfare prescriptions requiring a new Rx, signed by a physician, every three months. If the Rx is not available, the druggist may not be paid, on spot checking by an investigator. This has been a hard problem for the druggists, requiring time-consuming mailing and bookkeeping. It is the physician's obligation to return this script within 7 days. The druggist has the right to expect this, but is in no position to insist on this. The physicians also objected to the necessity of giving a script every three months on the grounds that it was often not necessary and only added to time and expense. Inasmuch as the medication renewal period is a public ruling of the agencies furnishing the money, it is unlikely that any change can be made, but we can at least make the best of it.

Drugstores can no longer provide Rx blanks to the physicians. Those, extent, may be used. No new ones may be issued according to the Code of Ethics of the Druggists. It was suggested that when ordering blanks that the narcotic number be omitted to obviate illegal use; that blanks be kept in a secure place and not used as scratch pads to be left here and there; that the patient's age be put on all narcotic prescriptions; that no p.r.n. refills be allowed, for they aren't really legal; and that labelling of Rx's be considered.

The representatives of the Druggist Association pledged the Society's support in any program of mutual interest. Those of the District Society present felt certain that they had learned a great deal about the socio-economic problems of the pharmaceutical profession. All were in accord that there should be an encore of this type of meeting.

W. W. Byrnes, M.D.
Chairman, P-R Committee

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BY-LAWS COMMITTEE
(Annual Report 1964)

Since the last Annual Meeting five amendments were proposed by the By-Laws Committee, all of which were adopted by the Society. These amendments were published in the Hippocrat of September, 1963 and of January, 1964.

Some of these amendments originated within the By-Laws Committee; others were initiated by the Executive Committee; and still others were formulated for the purpose of avoiding conflict with the by-laws of the MMS.

The existing by-laws were revised in 1961. Since then a total of seventeen amendments have been adopted. For easier reference these amendments will be catalogued shortly, each in its proper Chapter, Section, and Subsection. Following this, it would seem desirable to issue a new edition of the by-laws for distribution to the membership.

Max Millman, M.D., Chairman

WANTED: RADIO SPEAKERS

Early in March the HDMS and radio station WMAS jointly initiated a series of medical interviews conducted by Mr. Ken LeMere. This will continue on a weekly basis, usually broadcast on Saturday morning, having been pre-recorded about one week earlier.

Members who are interested in participating in this program are invited to contact Society Headquarters by mail, indicating their topic of interest.

W. W. Byrnes, M.D.
Chairman P-R. Committee

CANCER TEACHING CLINIC

Western Massachusetts Hospital, Westfield, Massachusetts

WEDNESDAY, APRIL 29, 1964 — From 4:00 to 6:00 P.M.

J. N. P. DAVIES, M.D.
Professor of Pathology, Albany Medical College
Albany, New York

Consultant to the Armed Forces Institute of Pathology and the National Cancer Institute, Washington, D.C. (Formerly Professor of Pathology at Makerere College, Uganda, South Africa, from 1950 to 1961.)

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For attendance at this Clinic the American Academy of General Practice will give its members two hours of postgraduate study credit (Category II).

ACADEMY

The Annual Meeting and Election of Officers of the Springfield Academy of Medicine will take place in the W.A.R. Chapin Auditorium, Municipal Hospital, Springfield, on Tuesday, May 12, 1964 at 8:30 P.M.

A Sound movie "GRAND ROUNDS No. 11" entitled "Significant New Developments in Diabetes Management" will be presented in three 30-minute segments:

(1) Vascular Complications
(2) Status of Oral Agents
(3) Prediabetes

The following clinicians will participate in this panel:

Dr. Lillian Recant (Moderator), The Washington University Barnes Hospital Medical Center.

Dr. Michael E. DeBakey, Baylor University College of Medicine.

Dr. Stefan S. Fajans, University of Michigan Medical School.

Dr. William B. Bean, University of Iowa College of Medicine.

Dr. Leo P. Krall, Joslin Clinic and New England Deaconess Hospital.

Dr. Henry Dolger, The Mount Sinai Hospital Diabetes Clinic.

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Granting such loans was set in motion in the spring of 1959, and the first repayment on one was made in June, 1963, six months before due date, with a very grateful letter telling how much it helped the recipient at this critical time of transition.

Application forms may be obtained from Dr. Eliot Hubbard, Jr. Treasurer, Massachusetts Medical Society, 22 Fenway, Boston 15.

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BOARD OF EDITORS
(Annual Report, 1964)

During the year just past the Hippocrat continued to appear monthly, except for July and August. Most of the issues counted 32-36 pages. January, 1964 marked the Hippocrat's 23rd anniversary and also the beginning of Volume XX. The "Special Issue" series, started experimentally about two years ago, continued to be favorably received. At least two issues, one featuring the "AMA" and the other "Medico-Religious" principles, have attracted national attention. The AMA office has requested additional copies of both of these issues. Featured also during the past year were topics dealing with the "Auxiliary", "Medico-Legal", "Public Relations", and "Legislative" problems.

In October, Dr. John Leary resigned as Secretary and Business Manager of the Board of Editors. Fortunately, the Executive Committee of the Society saw fit to immediately elevate Dr. Joseph Greenspan from Assistant Secretary to Secretary and Business Manager. This proved both wise and expedient. In the short space of a few months Dr. Greenspan has already proved himself more than equal to the tasks at hand.

Financially the Hippocrat has done rather poorly in the past twelve (12) months. Mounting costs, coupled with a marked drop in revenue from national advertising, have put the Hippocrat in the red for the second year in succession. To remedy the situation the Hippocrat has launched a vigorous campaign to stimulate local advertising. One of the steps already taken is that beginning with the April issue the Hippocrat will be mailed to the membership's home rather than office address. Placing the bulletin within easy reach of the physician's entire family should, or may, make the Hippocrat more attractive to local advertisers. Moreover, it will afford the physician's wife an opportunity to read the Hippocrat more regularly. Some of the auxiliary officers have already expressed great satisfaction with this plan.

This report bears no recommendations. It does, however, suggests: (1) that every member of the Society get into the habit of reading the Hippocrat regularly; (2) that every member heed the Hippocrat's frequent reminder to "Patronize our advertisers and remember to mention the Hippocrat"; and (3) that the membership avail itself of the Hippocrat's resounding slogan, which reads: "Anything on your mind? Share it with the Hippocrat".

Max Millman, M.D.,
Editor-in-Chief

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PUBLIC HEALTH COMMITTEE
(Annual Report, 1964)

Following a meeting of the Public Health Committee on September 11, 1963 at which time the plans for Polio Vaccine Program were discussed, a Sub-Committee was formed which has been meeting weekly, in the interest of carrying out the vaccination program for its greatest good. This has entailed an immense amount of work but a report of the Polio Program is hardly in order until the program has been concluded.

Norman A. Pokorny, M.D.
Chairman

CORRESPONDENCE

S. P. C. C.

Dear Hippocrat:

Would you be willing to make it known to the members of your Society that I would be interested in talking with any physician's wife who has a master's degree in social work and who would be interested in joining the staff of our Agency on a full or part-time basis?

Like all social agencies we are very much in need of staff and I am contacting all professional groups requesting that they make our need known.

I have been in touch with Mrs. Diamond, president of your Auxiliary, and at her request have written her of our need, which she will present at the next meeting of her group.

But I felt it important to write to you, also, since it is possible that not all the wives of your members belong to the Auxiliary.

As you probably know, the Mass. S. P. C. C. is a private social agency with a long history of service to the neglected and abused children of the Commonwealth. We have a fine staff and employment with us has much to offer.

(Miss) Esther Colton
Supervisor of District Offices
Mass. Society for The Prevention of Cruelty to Children.

Medical Assistants

Dear Hippocrat:

Because openings for medical secretaries do not always become available just as the new class graduates in June, there is often a problem of co-ordinating the supply and the demand. We here at Bay Path Junior College stand ready, as always, to refer qualified graduates of our Medical Secretarial curriculum to doctors who have requested help from our placement office. Our graduates are capable of assuming the usual duties of a medical secretary in a doctor's office. They are also qualified to do a complete blood count, a complete urinalysis, and to perform routine laboratory procedures in bacteriology.

Oftentimes in the past our placement office has been unable to refer graduates for interviews because the requests came in too late in the college year. Can you in "The Hippocrat" remind the members of the Hampden Medical Society to notify our placement office of their need for secretarial help as far in advance of the actual vacancy as possible?

Milo F. Galbraith, Vice President
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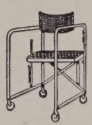

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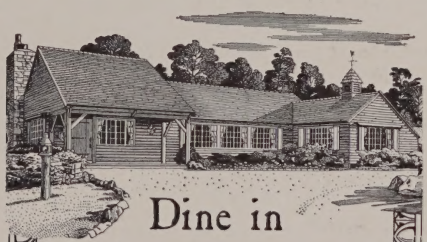

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